Tennessee Coordinated School Health Report 2007

Executive Summary

Includes findings from 2006-2007 (Pilot Sites)
and 2007-2008 (All participating school systems.)

TENNESSEE COORDINATED SCHOOL HEALTH

Tennessee Department of Education
Office of Coordinated School Health

Andrew Johnson Tower 6th Floor • 710 James Robertson Parkway • Nashville, TN 37243
615.532.6300 • www.tennessee.gov/education/schoolhealth/

Tennessee Coordinated School Health Report 2007 Executive Summary

Table of Contents

Introduction: Connie Givens

This *Tennessee Coordinated School Health Report 2007* is dedicated to the Tennessee Legislators who had the faith and belief that the Coordinated School Health (CSH) Model would reduce non-academic barriers to learning and improve health for all children in Tennessee.

Also, this report is dedicated to local education agency staff, Directors of Schools, and CSH Coordinators, who have served as dedicated champions for the children of Tennessee.

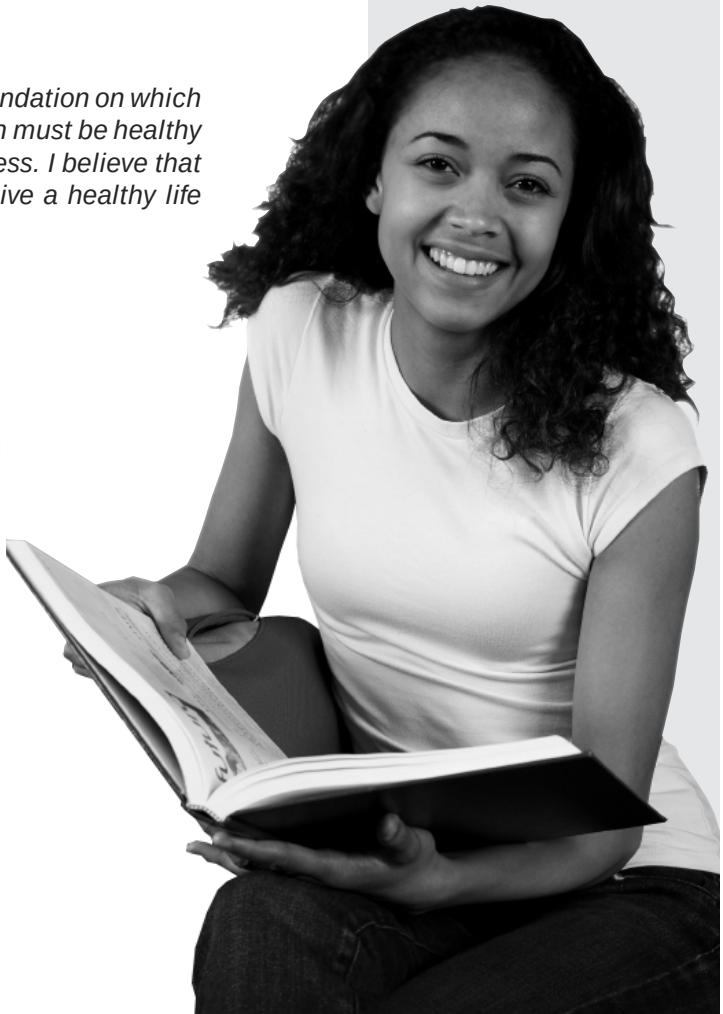
Health is Academic!

Connie Hall Givens, Director
Office of Coordinated School Health

"The Coordinated School Health Program must be the foundation on which all other instructional programs are built because children must be healthy to learn at the level that is necessary today to reach success. I believe that every step we take in the direction of teaching how to live a healthy life increases our academic achievement at the same time."

Nancy S. Zambito, Director of Schools
Jackson-Madison County Schools

The full CSH annual report can be found at:
www.tennessee.gov/education/schoolhealth/index.shtml



Evaluation Staff and Tennessee State Governance

East Tennessee State University Evaluation Team*

Michael Dunn, PhD
Evaluation Director

Deborah Slawson, PhD, RD, LDN
Health Communications Specialist

Tim E. Aldrich, PhD
Epidemiologist

Susan Austin, BS, MA
Program Coordinator

Chhina Parampreet
Research Assistant

Christian Williams
Research Assistant

Tennessee Department of Education

Connie Hall Givens, Director
Office of Coordinated School Health

Robert Greene
Deputy Commissioner

Dr. Tim Webb
Commissioner of Education

Honorable Phil Bredesen
Governor

** The OCSH contracts with East Tennessee State University to conduct the annual state CSH evaluation as well as provide each LEA a system-specific annual report.*

Tennessee Department of Education and Pilot Site Key Personnel

Office of Coordinated School Health Staff

Connie Givens
Director
Connie.Givens@state.tn.us
615.253.6029

Sara Smith
State Coordinator
Sara.Smith@state.tn.us
615.253.4664

Susan Brotherton
Physical Education Specialist
Susan.Brotherton@state.tn.us
615.253.4697

Rebecca Johns-Wommack
Health Education Specialist
Rebecca.Johns-Wommack@state.tn.us
615.253.0065

Jerry Swaim
Fiscal and Data Specialist
Jerry.Swaim@state.tn.us
615.532.6260

Tony Lundry
HIV Education Specialist
Tony.Lundry@state.tn.us
615.532.6277

Pilot Site Coordinators

Kellie Carroll, Gibson County Schools

Stephanie Winders, Henry County Schools

Lois Snow, Loudon County Schools

Jackie Sircy, Macon County Schools

Sonia Hardin, Monroe County Schools

Lori Paisley, Putnam County Schools

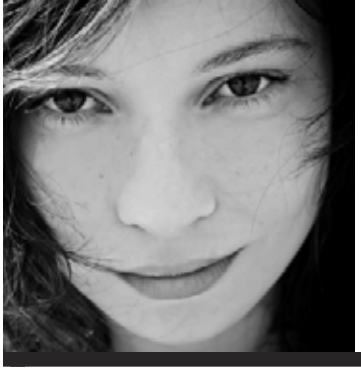
Elaine Jackson, Stewart County Schools

Sherrie Yarbro, Tipton County Schools

Lisa Phillips, Trenton Special School Districts

Cheryl Kelley, Warren County Schools

Shannon Bishop, Washington County Schools



Why CSH and What We've Accomplished

The most significant and expensive health problems affecting our youth, both in Tennessee and nationally, stem from preventable behaviors. These behaviors include inadequate physical activity, unhealthy eating patterns, tobacco use, abuse of drugs and alcohol, unintentional and intentional injuries, including violence and suicide, and sexual activity which can result in sexually transmitted diseases (including HIV) as well as unintended pregnancy. Usually begun during childhood or adolescence, these risky behaviors can continue into adulthood and often lead to poor health as well as suboptimal academic and social outcomes.

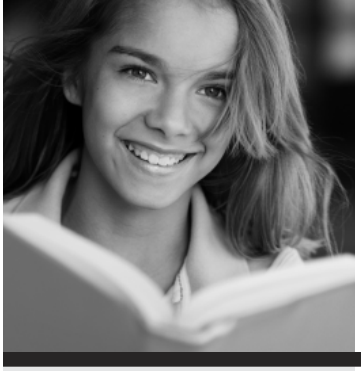
The mission of Coordinated School Health (CSH) is to support youth in preventing negative behavior choices and promote positive outcomes, so that academic achievement can advance, long-term health care costs can be minimized, and young people may experience a positive future.

CSH IMPACT POINT

CSH implementation in the ten pilot sites has led to improvements in students' weight status as well as more health screenings, increased intervention by school nurses, and increased instructional time for students in Tennessee.

CSH IMPACT POINT

CSH implementation is correlated with improved graduation rates and reduced drop out rates.



Overview of the CSH Model

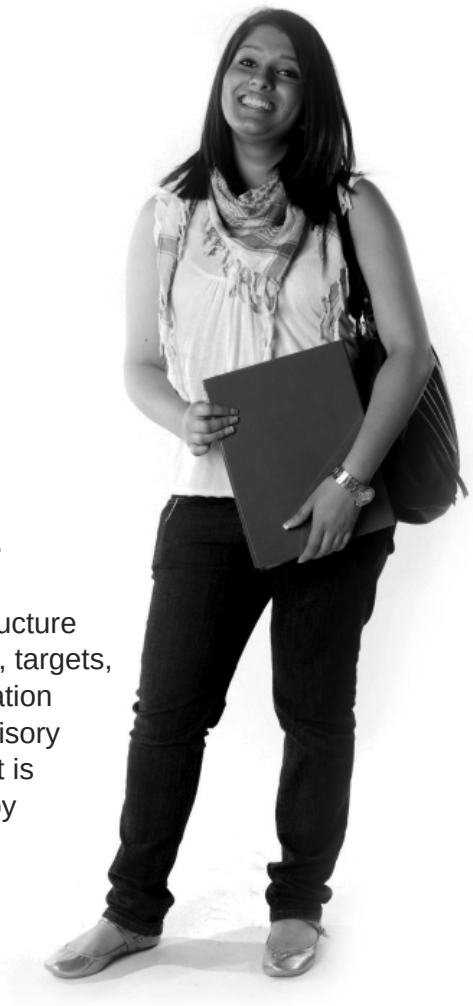
CSH is an effective system designed to connect health with education. Students' health and their capacity to learn are enhanced through the support of families, communities and schools who work together in a coordinated and cost-effective manner. The CSH initiative brings together school administrators, teachers, other staff, students, families, and community members to assess health needs, set priorities, and plan, implement, and evaluate school health program activities.

CSH focuses on integrating efforts across eight interrelated components: comprehensive health education, health services, nutrition services, health promotion for school staff, physical education, mental health and social services, healthy and safe school environments, and family and community involvement.

The CSH model addresses the critical health behaviors identified by the Centers for Disease Control and Prevention (CDC) that contribute to the leading causes of death among youth and young adults.

Critical health behaviors are:

- Inadequate physical activity
- Unhealthy eating behaviors
- Tobacco use
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases and unintended pregnancies
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence



CSH is implemented in a way that addresses the unique needs and effectively uses the resources of each school community by building an infrastructure within each district and its schools that assesses, targets, and addresses identified needs through the creation of district-wide action groups (School Health Advisory Committees). District-level program development is facilitated by a CSH Coordinator who is funded by the state.

CSH History, Funding, Laws and Guidelines

The CSH model was developed by the CDC in 1987. The Tennessee General Assembly passed T.C.A. § 49-1-1002, The Coordinated School Health Improvement Act of 2000, to establish Coordinated School Health. State funding was provided to start ten pilot sites. Later that same year (2000) Tennessee received a CDC infrastructure-building CSH grant.

In 2006, T.C.A. § 49-6-1022 and -1021, The Coordinated School Health Expansion and Physical Activity Laws, established authority and funding ($15 million) to expand CSH statewide. These laws created a Physical Education Specialist and a Coordinator of School Health position within the Tennessee Department of Education and mandated 90 minutes of physical activity in grades K-12.

The Tennessee Board of Education approved standards and guidelines for CSH in the year 2000.

Funding supports the development of a local infrastructure to promote health and wellness for all students and staff and thereby decreases barriers that prevent students from achieving their full academic potential.

CSH Statewide Impact

Establishing CSH Infrastructure

During the 2007-2008 school year, the Tennessee Department of Education's Office of Coordinated School Health (OCSH) expanded Local Education Agencies' (LEAs) CSH initiatives from ten original pilot sites to school systems statewide. Most LEAs have established School Health Advisory Committees (at the district level) as well as Healthy School Teams (at the school level). The CDC's School Health Index assessment tool is used to identify school health priorities and develop action plans based on the results of the assessment.

Partnerships

Partnerships with county health departments, universities, businesses, hospitals and non-profit organizations flourish at both the state and local level. Over 4 million additional dollars in grants/in-kind gifts were received by Tennessee LEAs this past year as a result of having a CSH initiative and specifically having a designated CSH Coordinator in place.

Tennessee Department of Education's OCSH partnerships include: Tennessee Department of Health; Blue Cross Blue Shield of Tennessee (Walking Works program); Tennessee Association for Health, Physical Education, Recreation and Dance; Rural Health Association of Tennessee; Southeast United Dairy Industry Association; Alliance for a Healthier Generation; Action for Healthy Kids; Governor's Office for Children's Care Coordination; National Football League; and the Tennessee Public Health Association.

HIV Prevention

A grant awarded to Tennessee by the CDC targeted toward HIV prevention, *Improving Health and Educational Outcomes of Young People*, was renewed through the OCSH. As a result of this grant, a contract with Meharry Medical College is in place to facilitate training for teachers in charge of health and lifetime wellness programs and HIV education in schools throughout the state.

Physical Activity, Nutrition, Tobacco, Sexuality Education and Safety Institutes (PANTSS)

Throughout Spring 2008, OCSH held five PANTSS regional Institutes that addressed comprehensive health education (Michigan Model®), physical activity (*TAKE 10!*), nutrition, YRBS data collection, HIV/AIDS prevention education, and injury prevention.

School Health Screenings

The ten CSH pilot sites conducted school health screenings during their first seven years of implementation. For the first time this past school year (2007-2008), all LEAs in Tennessee screened students in grades K, 2, 4, 6, 8 for vision, hearing, body mass index (BMI) and blood pressure. Also, students representing one grade in high school were screened for BMI and blood pressure. Dental and scoliosis screenings (sixth grade only) were encouraged but not mandated.

CSH IMPACT POINT

As a result of CSH school health screenings, 104,532 children were referred to a doctor, predominantly for BMI, vision and dental care. These children may not have otherwise been referred to a health care provider.

CSH school health screenings are critical services, especially for children without health insurance. Left unidentified, the academic success and future health of these children could be hindered by these undiagnosed impairments.

The OCSH, in partnership with the School Health Screening Guidelines Revision Committee, developed written protocols to assist LEA staff in the effective administration of screenings and collection of screening data.These guidelines can be found at www.tennessee.gov/education/schoolhealth/healthservices/doc/HealthScreeningGuidelines.pdf.

Comprehensive Health Education

The CSH state Health Education Specialist works with each LEA to examine their CSH Action Plan and provide technical assistance to help them integrate Comprehensive Health Education into their LEA through the work of school counselors, physical education and classroom teachers.

Established in 1985, the Michigan Model for Health® is a nationally acclaimed school health education program. Through the Michigan Model®, comprehensive school health now reaches over 30 states, foreign countries, universities and medical schools. The CSH Health Education Specialist along with four consultants are certified under the Michigan Model® program and have provided this training statewide to school staff. Training and enrichment activities are ongoing.

The revision of Health Education PreK-8 Curriculum Standards was approved in August 2008. These standards can be found at: www.state.tn.us/sbe/2008Augustpdffiles/IV%20H%20Health%20Education%20PreK-8%20Curriculum%20Standards%20Cover%20Sheet1.pdf.

CSH Statewide Impact

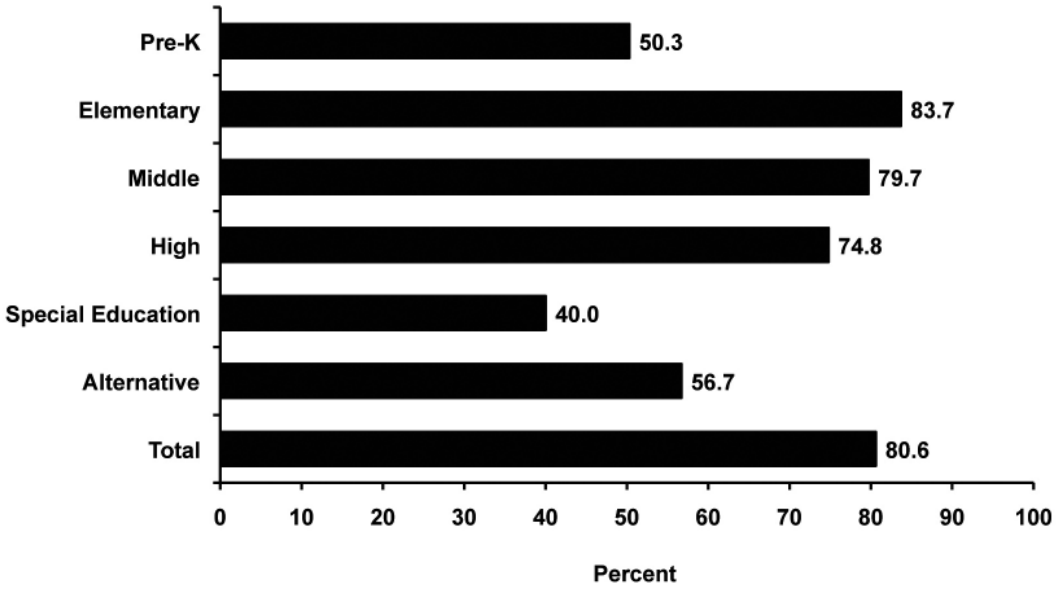
Physical Education / Activity

Tennessee legislators created a mandate in 2006 regarding physical activity in schools due to its strong association with diabetes, cancer and other health problems. Under this mandate both elementary and secondary schools are required to provide students with 90 minutes of physical activity per week within the instructional school day, throughout the school year. As a result, schools are required to record the number of minutes of physical activity and physical education (PA/PE) for each grade.

Reports of physical activity and physical education were received from **96%** of all school systems for 2007-2008.

Of all reporting schools, **83.7%** of elementary schools, **79.7%** of middle schools and **74.8%** of high schools were in compliance with the law. Of all schools not in compliance, just over half (50.4%) were elementary schools and 21.2% and 22.4% of both middle and high schools were not in compliance. However, proportionally, high schools had the greatest percentage of non-compliance (25.2%) versus middle and elementary schools (20.3% and 16.2%).

Proportion of Schools in Compliance with Tennessee's 90 Minute Law Physical Activity Law by school level, 2007-2008



The CSH state Physical Education Specialist has provided *TAKE 10!* Training and materials to over 6,100 teachers across Tennessee using state CSH and local LEA funding during 2008. This was a targeted attempt to assist LEAs in meeting the 90 minute physical activity law.

CSH contracted with the UT Center for Literacy Studies to provide six *Physical Activity in the Classroom* workshops for teachers throughout the state (July - October 2008).

The revision of Physical Education PreK-12 Curriculum Standards was approved in August 2008. These standards can be accessed at: www.state.tn.us/sbe/2008Augustpdffiles/IV%20G%20Physical%20Education%20Standards%20Compiled%20File.pdf.

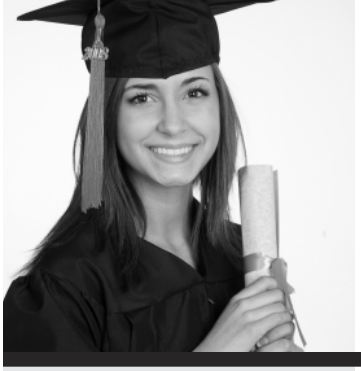
The OCSH partnered with Tennesee Association for Health, Physical Education, Recreation and Dance (TAHPERD) to revise the standards as well as worked with them on a PE demonstration school project.

Schools and Mental Health Integration Grant (US Department of Education)

CSH received an 18 month U.S. Office of Safe and Drug Free Schools grant for $301,010 to integrate schools and mental health systems statewide using CSH Coordinators to facilitate involvement and coordination.

Annual Tennessee CSH Institute

An annual Tennessee CSH Institute is held each September to provide professional development opportunities for CSH Coordinators and other LEA employees who are working to improve the health status of both students and staff. Leadership development, learning and action are emphasized during the annual institute.

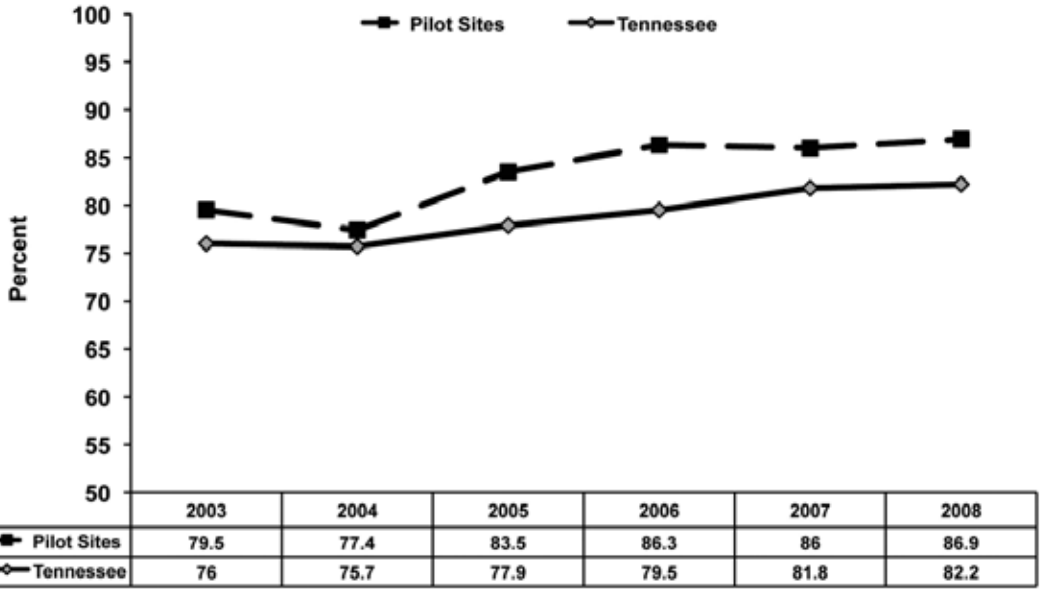


Graduation Rate

High school graduation rates for students in the CSH pilot sites increased at a pace that was almost double that of the overall state graduation rate from 2003 through 2008. This increase is of key practical significance for improved student outcomes. The average graduation rate across all CSH sites for 2008 was 86.9%, compared to 82.2% for the state. CSH pilot sites are nearing the state goal rate of 90% graduation.

2003-2008 Average Graduation Percentage
Tennesee Coordinated School Health
Pilot Sites and Tennessee

State goal: 90%



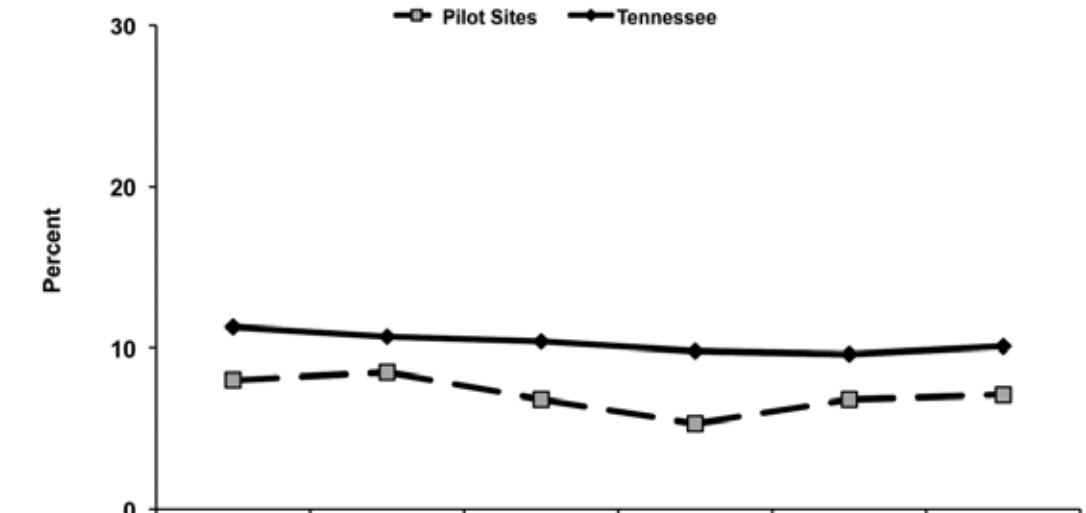
	2003	2004	2005	2006	2007	2008
Pilot Sites	79.5	77.4	83.5	86.3	86	86.9
Tennessee	76	75.7	77.9	79.5	81.8	82.2

Cohort Dropout Rate

Prior to the initiation of CSH in the pilot sites, the cohort dropout rates (the rate at which a class size was reduced by dropout) for these sites was lower than the state average. CSH sites have consistently met the state goal of a less than 10% dropout rate. In 2008, the dropout rate for CSH pilot sites was at 7.1%, compared to 10.1% for the state.

2003-2008 Average Cohort Dropout Percentage
Tennesee Coordinated School Health
Pilot Sites and Tennessee

State goal: Less than 10%



	2003	2004	2005	2006	2007	2008
Pilot Sites	8	8.5	6.8	5.3	6.8	7.1
Tennessee	11.3	10.7	10.4	9.8	9.6	10.1

Body Mass Index (BMI) and Mile Run/Walk Data

Two strongly associated determinants of health are obesity and physical inactivity. TNCSH has been collecting Body Mass Index and Mile Run/Walk data as indicators of students' health.

BMI

BMI is a statistical measure of the weight of a person scaled according to height, and is predictive of risk for heart disease, diabetes, and other health related conditions. During the 2007-2008 school year, CSH Coordinators collected a total of **172,015** BMI measures on each Tennessee student in grades K, 2, 4, 6, 8 and one year in high school. Based on the students' BMI measurement, they were placed into the appropriate CDC BMI category. The four categories are: underweight, healthy weight, overweight and obese which are based on age and sex-specific BMI norms.

Over half of the Tennessee students screened were classified as having a Healthy Weight (58.4% female, 55.2% male). Unfortunately, **two** out of **five** students were classified as either overweight or obese. More students were classified as obese rather than overweight. One in four of Tennessee students were found to be obese **(23.4%)**, indicating **40,291** of the screened students are at risk for future weight-related illnesses.

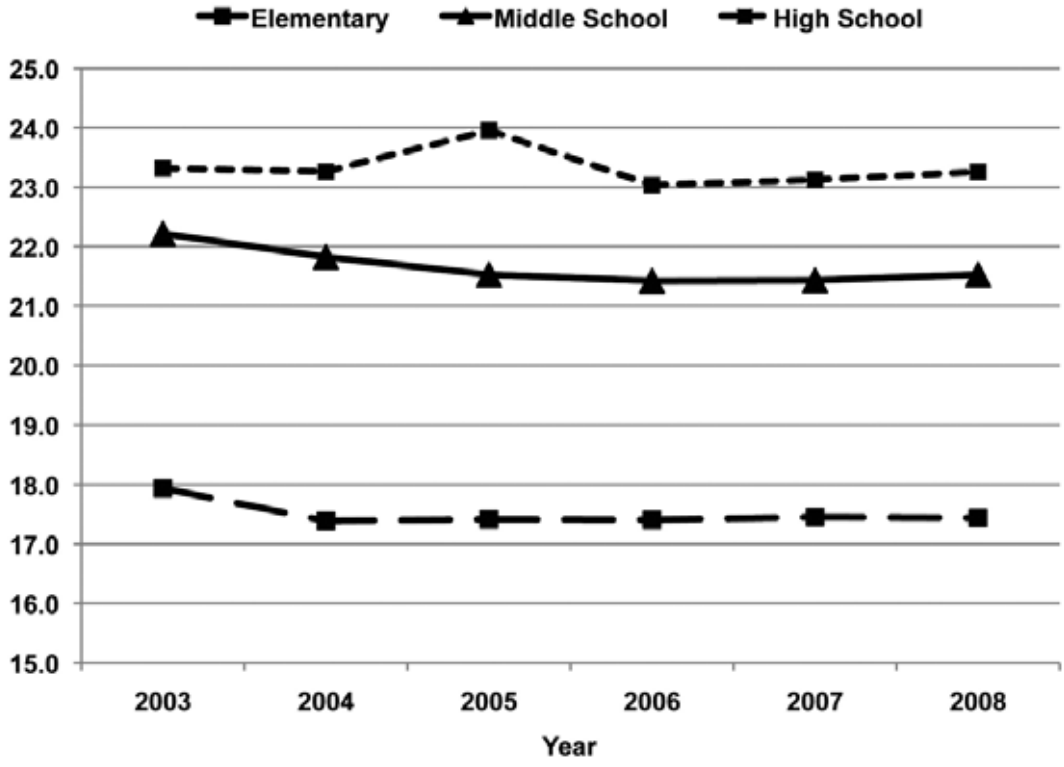
Apart from the youngest male students (K), the median BMI value for every grade level exceeds CDC's sex-grade equivalent, indicating that a greater proportion of Tennessee students are heavier than their national peers.

CSH IMPACT POINT

Since the CSH piliot sites began collecting data in 2003, BMI for age has shown consistent reductions through the 2008 data collection period. This trend is in stark contrast to national shifts towards rapidly increasing obesity prevalence rates in children.

Between 2003 and 2008, overall median BMI scores dropped from 22.7 in 2003 to 19.5 in 2005 and remained at that score through 2008. Similar BMI scores calculated for each grade show an **overall improvement** over the 6-year period in the weight status of students in grades K, 2, 4, 6 and 8 but not in high school. In particular, students' weight status in the fourth and eighth grades showed the greatest aggregate weight loss. Eighth grade students would have been attending schools that had been operating within the CSH framework since third grade.

Median BMI Scores for TNCSH Pilot Sites 2003-2008



Body Mass Index (BMI) and Mile Run/Walk Data

Mile Run/Walk

The Mile Run/Walk is TNCSH's standard for assessing students' cardio-vascular and respiratory fitness. During the 2007-2008 school-year, school staff recorded the amount of time it took for students in grades 2, 4, 6, 8 and one grade in high school to complete a mile. Each time was converted to a percentile based on comparison to national, recognizable standards by sex and grade level. The national goal is for students' percentile by grade and sex to be at or above the 50th percentile.

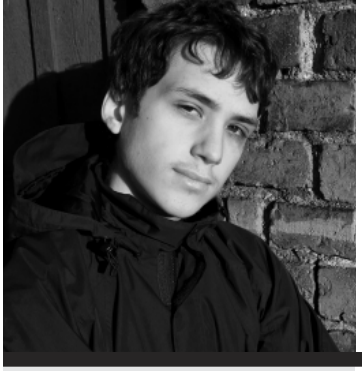
None of the grade levels in Tennessee reached the nationally comparable standard of the 50th percentile. Female students displayed greater cardio-vascular fitness than their male peers in every grade level. However, they did not achieve the goal of running and/or walking a mile in the equivalent time it took their national peers.

Second grade males and females have the highest cardiovascular fitness scores across Tennessee. Generally, cardio-vascular capacity declines with each successive grade level.

Median Mile/Run Walk Times
Grades 2, 4, 6, 8 and One Grade in High School
2007-2008

	TN Males	US Males	TN Females	US Females
	N=63,929		N=59,127	
Grade	Median	Median	Median	Median
2	35	50	40	50
4	30	50	35	50
6	30	50	35	50
8	20	50	30	50
HS	15	50	20	50

Pilot site systems have been collecting mile run/walk data since 2005. Four years of students' run times for both males and females show an undesirable increase in run times and therefore, a corresponding decrease in cardiovascular fitness for all grade levels except for sixth grade females and possibly boys. Physical inactivity is a strong predictor of many health problems including obesity, diabetes, cancer and heart disease. **This declining trend indicates an urgent need for increased physical education and physical activity.**



Youth Risk Behavior Survey (YRBS) Results

The Youth Risk Behavior Survey was developed in 1990 by the CDC to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States.

Tennessee began participating in the High School YRBS survey in 1991. A representative sample of students in grades 9 - 12 were surveyed in the spring of odd numbered years. The survey was voluntary and completely anonymous.

For the first time, during the 2007-2008 school year, all LEAs conducted the Middle School YRBS survey for the sixth, seventh and eigth grades.

Selected Highlights

Physical Activity

One out of every **two** Tennessee middle school students failed to meet the daily recommended level of vigorous physical activity while **six** out of every **ten** Tennessee high school students failed to meet the daily recommended level of physical activity.

Approximately **70%** of all middle school and high school students reported that they did not attend daily physical education classes.

Time Spent Watching Television

More than **40%** of Tennessee middle school students watched more than three hours of television per day during an average school week. Tennessee middle school students have a significantly greater risk of excessive television viewing per day than Tennessee high school students. On the high school level, U.S. and Tennessee students have equivalent viewing habits (38.3% in Tennessee and 35.4% in the U.S.).

Perceived Weight

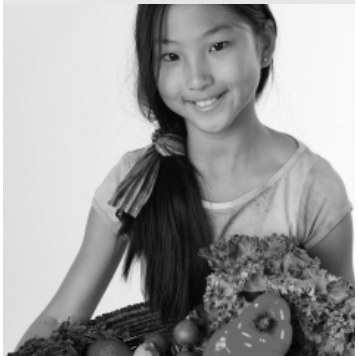
Twenty-eight percent of Tennessee middle school students reported themselves as being slightly or very overweight compared to **30.2%** of Tennessee high school students. Approximately **30%** of U.S. high school students reported themselves as being slightly or very overweight.

Healthy People 2010 proposes reducing overweight or obesity in children and adolescents to **5%**. This goal has not been met at any level in Tennessee.

Dietary Behaviors

Only 18% of Tennessee high school and U.S. high school students consumed the recommended servings of five or more fruit and vegetables per day.

Across the state and the nation, less than 20% of high school students consumed three or more glasses of milk per day. Tennessee high school students drank **more** soda daily than their U.S. high school counterparts and are at a **significantly greater** risk of health problems associated with increased caloric, caffeine and sodium consumption.



2008 Tennessee School Health Profiles Report Summary

CDC's School Health Profiles assist states and local education and health agencies in monitoring and assessing characteristics of school health education; physical education; school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition; asthma management activities; and family and community involvement in school health programs. Data were collected by a representative sample of Tennessee LEAs during 2008, and serve to highlight strengths and weaknesses in these key areas related to the supports needed for optimal student health.

Selected Tennessee Survey Results – Strengths

75% of schools employed a lead health education teacher who is certified, licensed, or endorsed by the state to teach health education in middle school or high school.

96% of schools have all certified, licensed or endorsed staff teaching physical education.

63% of schools taught 14 nutrition and dietary behavior topics in a required course.

95% of schools have a designated and secure storage location for medications that is accessible at all times by the school nurse or her designee.

Selected Tennessee Survey Results - Weaknesses

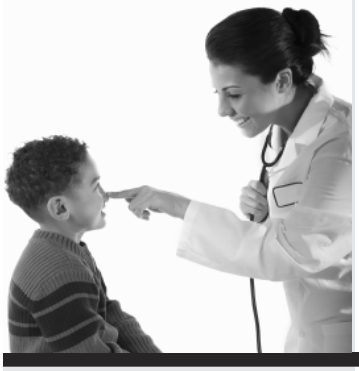
23% of schools require students to take 2 or more health education courses.

53% of schools taught 12 physical activity topics in a required course.

25% of schools offer purchase of fruits or vegetables to students from vending machines or at a school store, canteen, or snack bar.

47% of schools employ a full-time registered nurse who provides health services to students at schools.

44% of schools have lead health education teachers who have received professional development training specific to HIV prevention during the past two years.



Annual School Health Data and Compliance 2008 Highlights

The OCSH surveys all public school systems annually to monitor compliance with state school health laws and to assess the scope of school health services provided to Tennessee public school students. This particular survey is completed by 136 school systems plus the four State Special Schools. These data represent the 2007-2008 school year.

Coordinated School Health Achievements

- 139 out of 140 school systems have implemented a CSH initiative. 87% of all school systems have implemented CSH system-wide.
- 94% of all school systems have provided CSH professional development to their staff.
- 98% of all school systems have a School Health Advisory Council in place (system-wide council).
- 96% of all school systems utilize CDC's School Health Index self-assessment tool.
- 93% of all school systems have Healthy School teams that meet regularly (school level team).
- 76% of all school systems have Healthy School teams in all schools in their school system.
- 95% of all school systems have implemented the USDA mandated Wellness Policy.
- 87% of all school systems have developed and implemented staff wellness program(s).
- 99% of all school systems review and update at least annually their School Safety and Emergency Plans.
- 84% of all school systems have implemented an HIV/AIDS/Family Life/Teen Pregnancy Prevention initiative.
- 50% of all school systems have used the *EPA Indoor Air Quality Tools for Schools Kit* to assess and plan at the school level.

Medications

- 63,574 students self-administered medications at school. The most common medications administered by students were: Non-Specified drugs (41%), Inhalants (28%) and Topical (14%).

- 72,339 students received medications at school administered by a Health Care Professional. The most common medications administered in schools by a health care professional were: Other (45%), Topical (36%) and Aerosol (6%).
- 6,823 students received a health care procedure on a daily or routine basis at school from a Licensed Health Care Professional. The most frequent procedures performed by Licensed Health Care Professionals were: Blood Glucose Monitoring (25%), Carb Counting (21%) and Nebulizer Treatment (18%).
- Most medications are stored in a locked cabinet, storage closet or desk drawer.
- The vast majority of school personnel trained annually to handle medications and record keeping are teachers (47%), followed by secretaries (23%) and Nurses (11%).

School Nurses

- School systems hire nurses to serve the general school population and to serve the special education population.
- Nurses can be hired as full time employees (75% of all nurses) or their services can be provided through a contract (25%).
- Tennessee school systems employed 1,632 nurses (665 LPNs and 967 RNs) during the 2007-2008 school year serving both the general school population and the special education population.
- There were 515 nurses (LPN's and RN's) hired to serve special education students. There were 1,117 nurses (LPN's and RN's) hired to serve the general school population.
- 95% of all school systems meet the requirement for the ratio of nurses per students of 1:3,000. This number does not include nurses who are contracted or hired to provide procedures or treatments only.

Cardio-pulmonary Resuscitation (CPR) Requirements

- 15,258 full-time school employees are currently certified in CPR.
- 126 school systems provided CPR training as a Professional Development opportunity this past school year (2007-2008). Eleven school systems did not provide CPR training and three school systems did not respond to this question.
- 10,682 school staff participated in professional development for CPR.
- Most (86%) LEAs incurred the cost of providing CPR training to staff and students.
- 273 schools provided CPR training to students.
- 24,856 students received CPR training during the 2007-2008 school year.

Annual School Health Data and Compliance 2008 Highlights

Health Screenings

Most school systems are providing vision and hearing screening for their students. Approximately 39% of all school systems are providing some type of dental screening and 86% are collecting BMI data.

104,532 students were referred to a healthcare provider as a result of School Health Screening programs.

Most referrals made to a Health Care Provider were a result of BMI Screenings (45%), vision screenings (27%), and dental screenings (14%).

Student Diagnoses

116,965 students in school systems have a diagnosis of chronic illness or disability. Most Tennessee students were diagnosed with Asthma (42%), ADHD/ADD (24%) and Severe Allergy (17%).

Individual Health Plan

90% of all Tennessee school systems developed Individual Health Plans for students with chronic or long-term illnesses.

Physical Education / Activity

Only 60% of all school systems provide daily physical education/activity for their students.

95% of Tennessee school systems have implemented the 90 minutes of physical activity law.

Food Vending and à la Carte

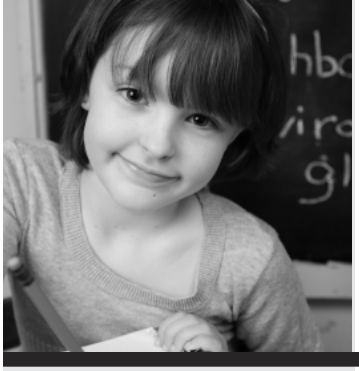
Almost all Tennessee school systems (97%) are in compliance with the food vending and à la carte law.

HIV Staff Training

Almost all Tennessee school systems (96%) are in compliance with the HIV and Blood-borne Pathogens staff training law.

Glucagon Policy / Usage

Only 52% of all Tennessee school systems have developed a Glucagon emergency administration policy. Glucagon was administered 12 separate times in schools during 2007-2008 school year.



Tennessee Coordinated School Health Equals Hope for the Future

CSH Has Built a Firm Foundation of Success Over the Past Five Years

- Building capacity through community partnerships:
  - Partnerships have flourished with county health departments, universities, businesses, hospitals and non-profit organizations
  - In the 2007-2008 school year, over $4 million additional dollars of grants and in-kind funds were brought to Tennessee LEAs because of the work of the CSH coordinators.
  - Through public/private partnerships with health care organizations in the state, school-based health clinics are now a reality in several counties.

- More Tennessee children in CSH pilot site schools are at a healthy weight now, despite national trends in the pediatric obesity epidemic.

- Over 104,000 Tennessee children screened by CSH have been referred for needed health care and intervention. Health concerns included vision, hearing, dental, blood pressure, scoliosis, and body mass index.

- More nurses in the schools have resulted in more students returned to the classroom and less absenteeism.

- Both graduation rates and cohort dropout rates have markedly improved since the implementation of CSH, translating to greater opportunities for success in life.

Key Action Steps For the Future

- Tennesseans witnessed a major increase in obesity rates between 2007 and 2008, where the prevalence of adult obesity increased from 28.8% to 30.7%. There were only three other states in the nation with higher adult obesity rates. By effectively addressing childhood overweight and obesity, CSH offers an answer to the surge in obesity rates.

- Fewer Tennessee students are physically fit, and our state's youth demonstrate lower levels of physical activity than other students in the nation. OCSH has been and will continue to provide supports to help LEAs become compliant with the state's 90-Minute Physical Activity Law.

- Compared to the nation, Tennessee students continue to have diets that are low in fruits, vegetables and dairy while being high in sweetened sodas. OCSH will continue to foster health promotion efforts of school nutrition services in LEAs across the state and encourage healthy food and vending machine options in schools.

Tennessee is ranked by the United Health Foundation in *America's Health Rankings* as number 47. In fact, the state has consistantly been in the lower rankings for some time and has slipped from last year's ranking of 46. **Since 1993 Tennesse has ranked in the bottom ten states for overall health status.**

CSH IMPACT POINT

CSH offers a proven way to identify and effectively address the health care needs of Tennessee youth, both for intervention and for prevention.

"Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives."

Carnegie Council on Adolescent Development

www.tennessee.gov/education/schoolhealth/

The Tennessee Coordinated School Health Report 2007: Executive Summary
is by the East Tennessee State University Coordinated School Health Evaluation Team.
For additional copies or questions regarding content, contact Dr. Debbi Slawson at 423-439-7538, or e-mail tncsh@etsu.edu

Department of Education February 11, 2009; Publication Authorizaion No. 331857; 1000 copies.
This public document was promulgated at a cost of $3.14 per copy.

Design and production by Biomedical Communications, James H. Quillen College of Medicine.
Printed at Sabre Printers.